

Fill in this information to identify the case:

United States Bankruptcy Court for the:

**Southern District of Texas**Case number (if known): \_\_\_\_\_ Chapter **11**☐ Check if this is an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy****06/24**

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

**1. Debtor's name****American Medical Home Health Services, LLC****2. All other names debtor used in the last 8 years****American Medical Home Health Services-Mathis**

Include any assumed names, trade names, and *doing business as names*

**3. Debtor's federal Employer Identification Number (EIN)****7 4 - 2 9 3 6 1 4 9****4. Debtor's address****Principal place of business****Mailing address, if different from principal place of business****1409 North Stuart Place Road**

Number Street

**Harlingen, TX 78552**

City State ZIP Code

**Cameron**

County

**506 Valley Brook Road**

Number Street

**Canonsburg, PA 15317**

City State ZIP Code

**Location of principal assets, if different from principal place of business**

Number Street

City State ZIP Code

**5. Debtor's website (URL)****<https://www.americanmedicalprograms.com/>****6. Type of debtor**☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify: \_\_\_\_\_

Debtor American Medical Home Health Services, LLC

Case number (if known) \_\_\_\_\_

Name

**7. Describe debtor's business****A. Check one:**

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

**B. Check all that apply:**

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

\_\_\_\_\_

**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

- ☐ Chapter 7
- ☐ Chapter 9
- ☒ Chapter 11. **Check all that apply:**
- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725 (amount subject to adjustment on 4/01/25 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.
- ☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No

☐ Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

If more than 2 cases, attach a separate list.

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☐ No

☒ Yes. Debtor Hub City Home Health Inc Relationship \_\_\_\_\_

District Southern District of Texas When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

List all cases. If more than 1, attach a separate list.

Debtor American Medical Home Health Services, LLC

Name

Case number (if known) \_\_\_\_\_

**11. Why is the case filed in this district?**

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety. What is the hazard?

\_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number Street

\_\_\_\_\_

City

State

ZIP Code

**Is the property insured?**☐ No☐ Yes.

Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds?**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

**14. Estimated number of creditors**

☒ 1-49 ☐ 50-99 ☐ 1,000-5,000 ☐ 5,001-10,000 ☐ 25,001-50,000 ☐ 50,000-100,000

☐ 100-199 ☐ 200-999 ☐ 10,001-25,000 ☐ More than 100,000

**15. Estimated assets**

☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion

☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion

☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion

☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor **American Medical Home Health Services, LLC**  
Name

Case number (if known) \_\_\_\_\_

**16. Estimated liabilities**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures****WARNING --**

Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
- I have been authorized to file this petition on behalf of the debtor.
- I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **11/09/2024**  
MM/ DD/ YYYY

**X****/s/ Robert Dojonovic**

Signature of authorized representative of debtor

**Robert Dojonovic**

Printed name

Title **President****18. Signature of attorney****X****/s/ Shelby A Jordan**

Signature of attorney for debtor

Date **11/09/2024**

MM/ DD/ YYYY

**Shelby A Jordan**

Printed name

**Jordan & Ortiz, P.C.**

Firm name

**500 N Shoreline Blvd. 804**

Number Street

**Corpus Christi**

City

**TX**

State

**78401**

ZIP Code

**(361) 884-5678**

Contact phone

**sjordan@jhwclaw.com**

Email address

**11016700**

Bar number

**TX**

State

Debtor **American Medical Home Health Services, LLC**  
 Name

Case number (if known) \_\_\_\_\_

### Additional Page

10. Continued

Debtor	<u><b>American Medical Home Health Services -</b></u>	Relationship	_____
	<u><b>San Antonio, LLC</b></u>		
District	<u><b>Southern District of Texas</b></u>	When	_____
			MM / DD / YYYY
Case number, if known	_____		
Debtor	<u><b>American Medical Hospice Care LLC</b></u>	Relationship	_____
	<u><b>Southern District of Texas</b></u>	When	_____
			MM / DD / YYYY
Case number, if known	_____		
Debtor	<u><b>American Medical Programs, Inc.</b></u>	Relationship	_____
	<u><b>Southern District of Texas</b></u>	When	_____
			MM / DD / YYYY
Case number, if known	_____		

Fill in this information to identify the case:

Debtor name American Medical Home Health Services, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	US Small Business Administration 2 North 20th Street Suite 320 Birmingham, AL 35203		Disaster COVID-19 Economic Injury				\$150,000.00
2	Optum Financial, Inc 11000 Optum Circle Eden Prairie, MN 55344		Temporary Funding Assistance Program				\$71,300.00
3	Whyte Appeals 310 W. Sunset St. San Antonio, TX 78209		Appeal Attorneys				\$11,880.00
4	Choice Living Community PO Box 71387 Corpus Christi, TX 78467		Vocational Therapy				\$1,256.64
5	Inovalon PO Box 856015 Minneapolis, MN 55485		Claims Management Medical Pro Software				\$942.50
6	Adrianna Guterrez, LMT 7418 San Remo Court Corpus Christi, TX 78414		Massage Therapy				\$929.16
7	ETC Lite, LLC PO Box 700970 San Antonio, TX 78270		Code determination and consulting				\$507.81
8	Green Mountain PO Box 121233 Dallas, TX 75312		Electric - Beeville				\$450.00

Debtor **American Medical Home Health Services, LLC**

Case number (if known) \_\_\_\_\_

Name

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Mario Hinojosa 1012 Cherry Street Alice, TX 78332		Custodian				\$355.15
10	Lisa Gallegos 7810 Grizzley Drive Corpus Christi, TX 78414		Massage Therapy				\$309.72
11	Spectrum PO Box 60074 City of Industry, CA 91716		Internet				\$230.00
12	Staples PO Box 70242 Philadelphia, PA 19176		Office Supplies				\$230.00
13	Culligan 110 N Staples Street Corpus Christi, TX 78401		Water for Office				\$50.00
14							
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case:

Debtor name American Medical Home Health Services, LLC

United States Bankruptcy Court for the:

Southern District of Texas

Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 202****Declaration Under Penalty of Perjury for Non-Individual Debtors****12/15**

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/09/2024

MM/ DD/ YYYY

**X**/s/ Robert Dojonovic

Signature of individual signing on behalf of debtor

Robert Dojonovic

Printed name

President

Position or relationship to debtor



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**Mathis - American Medical Home Health Services****Balance Sheet**

11/08/24

**As of December 31, 2023**

Cash Basis

	Dec 31, 23
<b>ASSETS</b>	
<b>Current Assets</b>	
Checking/Savings	
1005 · PNC Bank	-14,012.17
1010 · CHASE - Payroll Account (9823)	-630,050.45
1012 · CHASE - A/R Account (8599)	2,835,538.62
<b>Total Checking/Savings</b>	<b>2,191,476.00</b>
<b>Other Current Assets</b>	
1050 PAS Payroll Clearing	633,216.97
Prepaid Expenses	
Loan to Affiliate Companies	3,270,220.51
1310 · Security Deposits	500.00
<b>Total Prepaid Expenses</b>	<b>3,270,720.51</b>
<b>Total Other Current Assets</b>	<b>3,903,937.48</b>
<b>Total Current Assets</b>	<b>6,095,413.48</b>
<b>TOTAL ASSETS</b>	<b>6,095,413.48</b>
<b>LIABILITIES &amp; EQUITY</b>	
<b>Liabilities</b>	
<b>Current Liabilities</b>	
Other Current Liabilities	
ERC Monies	2,122,104.01
Payroll Liabilities	
2105 · Child Support Payable	183.68
2510 · Fica & Fit (941) Payable	35,659.37
2511 · Futa Tax (940) Payable	2,911.50
2512 · Suta (TWC) Payable	9,246.63
2513 · Cares Act Deferred Employer SS	76,872.48
<b>Total Payroll Liabilities</b>	<b>124,873.66</b>
<b>Total Other Current Liabilities</b>	<b>2,246,977.67</b>
<b>Total Current Liabilities</b>	<b>2,246,977.67</b>
<b>Long Term Liabilities</b>	
2908 · N/P SBA	150,000.00
<b>Total Long Term Liabilities</b>	<b>150,000.00</b>
<b>Total Liabilities</b>	<b>2,396,977.67</b>
<b>Equity</b>	
3900 · Retained Earnings	2,593,327.80
Net Income	1,105,108.01
<b>Total Equity</b>	<b>3,698,435.81</b>
<b>TOTAL LIABILITIES &amp; EQUITY</b>	<b>6,095,413.48</b>

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**Mathis - American Medical Home Health Services****Profit & Loss**

11/08/24

January through December 2023

Cash Basis

	Jan - Dec 23
<b>Ordinary Income/Expense</b>	
<b>Income</b>	
4000 · Income - PHC	
4002 · Income - PHC Private Pay	22,335.97
4006 · Income PHC - BCBS of Texas	4,520.97
4010 · Income PHC - Centene Corp	2,159,429.14
4011 · Income PHC - Coastal Bend	827.64
4015 · Income PHC - UHC Comm (MCaid)	965,285.53
4020 · Income PHC - Molina HC of TX	3,300.77
4025 · Income PHC - Driscoll Children	181,639.83
4030 · Income PHC - TMHP Health&Human	2,324,461.86
4040 · Income PHC- Amerigroup	35,959.99
4000 · Income - PHC - Other	31,786.00
<b>Total 4000 · Income - PHC</b>	<b>5,729,547.70</b>
4100 · Income - Home Health	
4111 · HH - Humana	3,444.00
4100 · Income - Home Health - Other	113,257.02
<b>Total 4100 · Income - Home Health</b>	<b>116,701.02</b>
<b>Total Income</b>	<b>5,846,248.72</b>
<b>Gross Profit</b>	<b>5,846,248.72</b>
<b>Expense</b>	
5100 · Operating Expense	
Interest Expense	8,114.62
5103 · Bank Fees	3,507.89
5111 · Contracted Services	
5112 · Contracted Accounting Services	17,250.00
5113 · Contracted Billing Services	5,334.28
5116 · Contracted Consultant	6,245.71
5111 · Contracted Services - Other	22,235.57
<b>Total 5111 · Contracted Services</b>	<b>51,065.56</b>
5120 · Contracted Therapy Services	
5122 · Contracted - PT Services	31,617.00
5124 · Contracted - OT Services	190.00
5125 · Contracted - Massage Therapy	7,026.74
<b>Total 5120 · Contracted Therapy Services</b>	<b>38,833.74</b>
5205 · Insurance	
5206 · Insurance - Section 125 (Emp)	9,289.41
5208 · Insurance - Prof & Bldg Content	16,028.08
<b>Total 5205 · Insurance</b>	<b>25,317.49</b>
5220 · Legal and Professional Fees	3,000.00
5222 · Marketing Expense	24.31
5225 · Management Fees	96,000.00
5228 · Medical Supplies	440.72
5229 · Medical Expense - Class	9,590.00
5230 · Mileage Expense	
5243 · Mileage - PAS Manager	9,113.84
<b>Total 5230 · Mileage Expense</b>	<b>9,113.84</b>
5400 · Office Expense	4,870.12
5590 · Rent	
5600 · Rent - Building	12,000.00
<b>Total 5590 · Rent</b>	<b>12,000.00</b>

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**Mathis - American Medical Home Health Services****Profit & Loss**

11/08/24

Cash Basis

January through December 2023

	Jan - Dec 23
5610 · Repairs & Maintenance	
5612 · Repairs & Maintenance - Equip	305.53
5610 · Repairs & Maintenance - Other	2,040.00
Total 5610 · Repairs & Maintenance	2,345.53
5625 · Software Fee Expense	14,323.94
6305 · Taxes - Property	352.22
6307 · Taxes - Franchise	50.00
6340 · Telecommunications	
6341 · Cell Phones	778.41
6342 · Internet	3,772.31
Total 6340 · Telecommunications	4,550.72
6390 · Utilities	4,487.54
6500 · Payroll Wages	
6526 · Holiday Bonus	2,000.00
6535 · Marketing Wages	5,600.00
Total 6500 · Payroll Wages	7,600.00
6550 · Payroll Tax Expense	
6561 · Futa (940) Tax Expense	927.37
6562 · Medicare Tax Expense	64,539.74
6563 · Social Security Tax Expense	327,324.66
6564 · Suta (TWC) Tax Expense	9,246.63
Total 6550 · Payroll Tax Expense	402,038.40
6600 · Wages PAS - Payroll	
6615 · PAS - Coordination Wages	36,811.75
6620 · PAS - EVV Wages	31,200.00
6625 · PAS - Field Supervisor Wages	40,526.23
6635 · PAS - Manager Wages	15,888.00
6650 · PAS - Provider Wages	4,140,421.11
Total 6600 · Wages PAS - Payroll	4,264,847.09
Total 5100 · Operating Expense	4,962,473.73
Total Expense	4,962,473.73
Net Ordinary Income	883,774.99
Other Income/Expense	
Other Income	
Interest Income	220,133.02
7000 · Other Income	1,200.00
Total Other Income	221,333.02
Net Other Income	221,333.02
Net Income	1,105,108.01

**2023 TAX RETURN WILL BE FILED  
UNDER SEAL UNDER A SEPARATE  
DOCKET NO.**

IN THE UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF TEXAS  
BROWNSVILLE DIVISION

IN RE: **American Medical Home Health  
Services, LLC**

CASE NO

CHAPTER 11

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 11/09/2024

Signature /s/ Robert Dojonovic  
Robert Dojonovic, President

A.C.L.S., Inc.  
6655 First Park Ten Blvd Suite 210  
San Antonio, TX 78213

Adrianna Guitierrez, LMT  
7418 San Remo Court  
Corpus Christi, TX 78414

All Seasons Home Care, Inc.  
c/o Jefferson Cano  
Emma Cano  
Will Davidson  
112 East Pecan Street Suite 1650  
San Antonio, TX 78205

All Seasons Home Care, Inc.  
104 W. Huntington Street  
Beeville, TX 78102

All Seasons Home Health &  
Palliative Care  
15420 Nacogdoches Road  
San Antonio, TX 78247

All Seasons Hospice of Texas  
15420 Nacogdoches Road  
San Antonio, TX 78247

Ambrosio "Ambrose"  
Hernandez  
3404 San Eduardo Street  
Mission, TX 78572

Choice Living Community  
PO Box 71387  
Corpus Christi, TX 78467

Christine B Gomez  
1022 Forest Oak Drive  
Portland, TX 78374

Christine B. Gomez  
6321 Revolution Drive  
Corpus Christi, TX 78413

Christine B. Gomez  
5541 Bear Lane No 218  
Corpus Christi, TX 78405

Coastal Home Health Care  
227 N FM 3167 Space B  
Rio Grande City, TX 78582

Coastal Home Health Care  
6655 First Park Ten Blvd Suite 210  
San Antonio, TX 78213

Coastal Home Health Care  
6000 Staple Street Suite 403B  
Corpus Christi, TX 78413

Culligan  
110 N Staples Street  
Corpus Christi, TX 78401

Datalogic Software  
1605 W Tayler Avenue  
Harlingen, TX 78550

Deluxe Business  
PO Box 4656  
Carol Stream, IL 60197

DME Expres  
PO Box 679654  
Dallas, TX 75267

Enclara Pharmacia  
PO Box 745791  
Atlanta, GA 30374

ETC Lite, LLC  
PO Box 700970  
San Antonio, TX 78270

Green Mountain  
PO Box 121233  
Dallas, TX 75312

Inovalon  
PO Box 856015  
Minneapolis, MN 55485

Internal Revenue Service  
Centralized Insolvency Operation  
Po Box 7346  
Philadelphia, PA 19101-7346

Gutierrez, MD A Jose  
c/o Dosydoe Realty  
PO Box 773  
Hebbronville, TX 78361



Legacy Home Care Services,  
Inc.

c/o Jefferson Cano  
Emma Cano  
Will Davidson  
112 East Pecan Street Suite 1650  
78205

Legacy Home Health Agency,  
Inc.

c/o JEFFERSON CANO  
Emma Cano  
Will Davidson  
112 East Pecan Street Suite 1650  
San Antonio, TX 78205

Legacy Hospice Care, LLC

6655 First Park Ten Blvd Suite 210  
San Antonio, TX 78213

Legado Management, LLC

c/o Ambrose Hernandez  
6655 First Park Ten Blvd Suite 210  
San Antonio, TX 78213

Legatus Leasing, LLC

6655 First Park Ten Blvd Suite 210  
San Antonio, TX 78213

Lisa Gallegos

7810 Grizzley Drive  
Corpus Christi, TX 78414

Mario Hinojosa

1012 Cherry Street  
Alice, TX 78332

McKesson

PO Box 63440  
Cincinnati, OH 45263

Medicare Exchange LLC  
6655 First Park Ten Blvd Suite 210  
San Antonio, TX 78213

New Way Medical  
PO Box 679672  
Dallas, TX 75267

Office of The United States  
Trustee  
515 Rusk Street Suite 3516  
Houston, TX 77002

Optum Financial, Inc  
11000 Optum Circle  
Eden Prairie, MN 55344

Renee Z. Hernandez a/k/a  
Renee Z. Sanchez  
3404 San Eduardo Street  
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